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USAID WASHDC PRIORITY/GH/ANE

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STATE FOR CA/OCS/ACS/EAP; EAP/EX; EAP/BCLTV;  
STATE FOR OES/STC (M.GOLDBERG); OES/IHA (D.SINGER AND  
N.COMELLA)

BANGKOK FOR RMO, CDC, USAID/RDM/A (MFRIEDMAN)  
STATE PASS HHS, HHS/OFFICE OF GLOBAL HEALTH AFFAIRS (ABHAT)  
USDA FOR FAS/PASS TO APHIS

DEPARTMENT OF DEFENSE FOR OSD/ISA/AP FOR LEW STERN  
USAID FOR ANE AND GH (DCAROLL, SCLEMENTS AND PCHAPLIN)

E.O. 12958: N/A

TAGS: [AMED](#) [AMGT](#) [CASC](#) [EAGR](#) [TBIO](#) [VM](#) [AFLU](#)

SUBJECT: A/S SIMONSON DISCUSSES COOPERATION ON AVIAN  
INFLUENZA

1. (SBU) Summary: Assistant Secretary (A/S) Stewart Simonson of the Department of Health and Human Services (HHS) visited Vietnam on August 14-17 to discuss a memorandum of understanding (MOU) on cooperation between HHS and the Ministry of Health (MOH), as well as to discuss Vietnam's efforts to combat Avian Influenza (AI). The Government of Vietnam (GVN) wants a binding agreement rather than an MOU. HHS is willing to consider an agreement provided it can obtain first the necessary legal authority. GVN officials told the Assistant Secretary that they were eager to cooperate with the United States in developing Vietnam's monitoring capacity and preparing for a possible outbreak of AI. A/S Simonson stressed the critical need to establish a Rapid Response Protocol (RRP), and committed the USG to keeping information on possible outbreaks that the GVN shares with it confidential. A/S Simonson also met with representatives from the United Nations agencies to hear their assessment of Vietnam's anti-AI efforts and their proposed joint program. The A/S left Vietnam optimistic that HHS and MOH could conclude a cooperative agreement in time for the planned visit of HHS Secretary Michael O. Leavitt, now delayed, for mid-October. End Summary.

2. (U) A delegation led by Stewart Simonson, Assistant Secretary for Public Health Emergency Preparedness at the

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U.S. Department of Human and Health Services (HHS) visited Vietnam August 14-17 to discuss a Memorandum of Understanding (MOU) on health and medical sciences cooperation between HHS and the Ministry of Health (MOH), as well as efforts to prevent and contain the H5N1 Avian Influenza (AI) virus. Accompanying the Assistant Secretary were Dr. Amar Bhat, HHS Director of the Office of Asia and the Pacific, HHS Office of Global Health Affairs; Dr. James Le Duc, Director, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, HHS/Centers for Disease Control and Prevention (CDC); and Dr. Mary Chamberland, Medical Officer, HHS/CDC. During the visit to Hanoi, the delegation met with representatives from the MOH, the Ministry of Agriculture and Rural Development (MARD), the Ministry of Planning and Investment (MPI) and key United Nations agencies. Ambassador Marine or Acting DCM Sam Watson, and Health Attache Dr. Marie Haring Sweeney accompanied the Assistant Secretary to his meetings.

Productive Discussions with the MOH on the MOU  
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3. (U) A/S Simonson and his delegation held discussions on a draft MOU on HHS-MOH cooperation with a GVN team led by MOH Vice Minister Trinh Quan Huan. A/S Simonson stated that he considers AI to be an extremely important issue for the HHS Office of Public Health Emergency Preparedness. U.S. and other experts believe that there is a narrow window of time when medical and physical intervention can stop a pandemic. The main reason for the Assistant Secretary's visit was to determine what tools would be necessary for Vietnam to respond during this critical period. He expressed his appreciation for Vietnam's cooperation and the level of transparency achieved to date, and his hope to build on this foundation.

4. (U) The GVN proposed language that would change the document under discussion from a MOU into a binding agreement. The A/S said that he would be amenable to this change, but stressed that the discussions would have to proceed with the understanding that any agreement reached would have to be approved by Washington. Both sides agreed to bracket all words in the text that would constitute a

binding agreement pending the interagency concurrence on Circular 175 authority for such an agreement. A/S Simonson concluded by stating that the U.S. objective is to reach agreement on a document for Secretary Leavitt to sign during his planned visit in the fall.

#### The MOU: Need for Speedy Response and Confidentiality

15. (SBU) The A/S stressed that rapid response at the first sign that the virus is changing is critical to have a chance to prevent a pandemic. The United States and Vietnam would have to agree on the general principles for rapid response in the cooperation document, and to follow up with a more detailed Rapid Response Protocol (RRP). These steps would not only improve Vietnam's readiness in the event of a pandemic, but would also help to identify possible U.S. funding to fight AI in Vietnam. Vice Minister Huan expressed the concern that Vietnam might be criticized should the GVN announce an outbreak of AI prematurely, as has happened in the past. A/S Simonson reassured the Vice Minister that the intent of the United States is to enter "a partnership with trust and confidence," in which information shared between the two governments would be treated with the utmost confidentiality, with no penalty for false alarms. He repeated this message in subsequent meetings with other ministries.

#### The MOU: Unresolved Issues

16. (U) The MOH asked to strike language in the agreement relating to the President's Emergency Preparedness for AIDS Relief (PEPFAR), arguing that it potentially duplicates the PEPFAR paper that Vietnam is currently negotiating with the United States. Noting that this language had been added at Office of the Global AIDS Coordinator's request, A/S Simonson agreed to convey Vietnam's concerns to Washington, but stressed that he could not make any assurances that the change would be accepted. The A/S agreed to include in brackets Vietnam's proposal to expand language on cooperation to include the areas of injury prevention and rehabilitation, pharmaceutical regulatory issues, and food safety. He noted, however, that these issues fall beyond his mandate and within the jurisdiction of other HHS agencies.

#### Joint FAO/WHO/UNDP Program

17. (U) On August 15, A/S Simonson met with UNDP Representative Jordan Ryan, Dr. Peter Horby and Hitoshi Murakami of the World Health Organization (WHO), Anton Rychener and Dr. Astrid Tripodil from the Food and Agriculture Organization (FAO) and a representative of the World Bank. They provided a copy of the latest version of the proposed Joint FAO/WHO/UNDP program to strengthen public health emergency management in Vietnam, with a focus on AI. Developed in response to a request from the GVN, the proposal is now before Prime Minister Khai, who is expected to approve it soon. The estimated budget required for the program is USD 18.9 million over two years. A number of donors have indicated interest in contributing funds. FAO's Rychener emphasized that, while the GVN welcomed international help, it wants the help to be "low key" and supplemental to GVN's own efforts.

18. (U) FAO's representatives described the GVN's massive pilot program to vaccinate poultry in two provinces. It is important to get a first round of vaccinations nationwide well underway by October, before the flu season and well before the Tet holiday. In response to a question from the Ambassador, Dr. Tripodi (FAO) said that the GVN has devised a good system to reach all producers, including small farmers, but pointed out that lack of funding is a problem. The GVN has had to rely on volunteers to complete the first round of vaccinations, a solution that is not viable in the long run.

19. (U) Dr. Horby (WHO) emphasized that surveillance is essential to evaluate the effects of the first round, and that with adequate data, it may be possible to do focused vaccinations in subsequent rounds. A/S Simonson asked if there was a consensus among international experts that a massive poultry vaccination campaign would be the best approach. Both FAO and WHO representatives emphasized that the vaccination program was based on a consensus of experts. Dr. Horby said that WHO believes the vaccination program will reduce human fatalities; the question is whether the program will be sustainable in the long run.

10. (U) According the WHO representatives, the GVN has been committed to using its own strain of virus to develop a human vaccine. However, the WHO hopes the Ministry of Science and Technology (MOST) will decide to use a strain provided by the WHO. For the time being, MOST has blocked

the start of human trials. WHO noted that although Vietnam can develop a vaccine, it lacks the manufacturing capacity to produce it in the required quantities, even for domestic use alone. A/S Simonson suggested that one option might be producing the vaccine in a country with greater manufacturing capacity.

11. (SBU) The UNDP, FAO and WHO representatives hope to see a draft of Vietnam's National Emergency Plan in early September. The agencies' advice is to think through the full range of options, such as quarantine and closing schools. Expressing doubt that MOH fully understands the concept of rapid response, Horby called for greater Vietnamese focus on training in that area. The plan would not work if it exists only on paper. A public education campaign is also important, since awareness among rural farmers is low and their behavior has not changed. The only outreach thus far has been a few posters and leaflets.

12. (SBU) In response to a question from the A/S, Dr. Horby said it might take seven to ten days to diagnose a case of AI that occurs in a remote area. On average, it would be about five days before a sick person would be hospitalized, usually in a district hospital. If the illness persisted, the patient would be transferred to a provincial or tertiary hospital and only then would samples be taken. Results from the samples would take a day or more and would initially be reported to MOH and only then to the hospital. If the hospital has not previously had a case of human AI, the illness might not be recognized immediately. Since early detection of AI is crucial, this delay in identifying cases is a serious problem, Dr. Horby concluded.

13. (SBU) Lack of diagnostic capacity is another serious concern. Vietnam has only six diagnostic laboratories of which two can perform the full range of tests. Only 20-50 samples can be processed per day, and inaccurate results are a problem. The GVN has been reluctant to send samples abroad for testing, in part because of an incident in which a WHO lab in Tokyo provided results of their testing to a scientific journal (Nature). The results indicated that the Vietnamese tests resulted in a disproportionate number of false negatives. As a result the GVN suspended all shipment of samples for two months and the WHO had to work to reestablish trust. The Minister of Health must now approve sending positive samples abroad for retesting and does not approve sending negative samples for retesting. This action has implications for quality assurance.

#### Support for AI Cooperation from MPI

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14. (U) The A/S expressed appreciation to Ministry of Planning and Investment (MPI) Vice Minister Cao Viet Sinh, for the Ministry's interest and involvement in the Agreement for Economic and Technical Cooperation between the United States and Vietnam. He stated that the purpose of his visit is to identify additional investments that the United States could make to help Vietnam fight AI, and asked whether there were ways the United States could make the process smoother. VM Sinh was well informed about the AI situation in Vietnam; he responded that approval of U.S. investment in AI containment efforts is a government priority, and that implementing an agreement would have support at the highest levels. Stressing that AI is the most dangerous threat faced by the agricultural sector, the VM assured the A/S that MPI was ready to cooperate.

15. (U) The VM stated that since the agricultural sector in Vietnam is not industrialized, raising AI awareness among small farmers is a critical component of an RRP. He also singled out investments in personnel and equipment as priorities. Regarding reporting, VM Sinh pointed to the lack of communication links to small farms. At the end of the meeting, A/S Simonson stressed that the United States is interested in exchanging information in a confidential manner.

#### Informal Discussion at the Ambassador's Residence

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16. (U) The Ambassador hosted an August 16 luncheon in honor of the A/S. Attendees included VM Trinh Quan Huan and other officials from the Ministry of Health, VM Bui Ba Bong of the Ministry of Agriculture and Rural Development, and Dr. Tran Ngoc Thang, Head of Planning, International Cooperation and Science Division at the Department of Animal Health. The A/S said that he felt his meetings had been very constructive, and that consensus on broad issues had been reached, including on the critical issue of the need for rapid response.

17. (U) Noting that farmers in two provinces had participated in the pilot vaccination program very well, VM Bong said that Vietnam would start a nationwide vaccination program in September. The two biggest challenges will be

reaching small farmers and providing funding for the 1,000 staff needed in each province to administer the program. As it stands, local governments are responsible for paying staff salaries. 2Dr. Nguyen Tran Hien, Director of the National Institute for Hygiene and Epidemiology, stated that the highest risk of transmission is through exposure to sick birds. He also noted another risky behavior: Vietnamese eat some bird parts uncooked.

118. (U) GVN representatives described a high level of cooperation between the central and local, or commune level, governments on AI. VM Bong and A/S Simonson agreed on the importance of further research into the mode of transmission of the virus in order to plan for prevention and treatment. Dr. Hien said that Vietnam is working to develop a vaccine using both domestically produced monkey kidney cells and cells provided by the WHO. Noting concerns previously raised by international organizations over the use of primary monkey kidney (PMK) cells, he stated that the GVN will follow WHO established methods, but would also continue working with the PMK. 3

In a side conversation with Dr. Sweeney, VM Huan indicated that he was given the area of AI as part of his responsibilities as Vice Minister. Up until now, Vice Minister Liem was responsible for AI. 4

#### Meeting at the MARD

119. (U) The Ambassador accompanied A/S Simonson to a meeting with Minister Cao Duc Phat of the Ministry of Agriculture and Rural Development (MARD). Minister Phat said that although AI outbreaks have greatly decreased in recent months compared to the same period last year, he considers the situation extremely serious, particularly as the winter flu season approaches. He is also concerned that infected chickens and ducks are increasingly asymptomatic.

120. (U) The Minister said that MARD had just initiated a program to vaccinate all poultry in the country before winter. The initial response of farmers has been very encouraging, with the great majority willing to bring their birds for vaccination. MARD also has implemented an information campaign aimed at all types of producers, particularly small backyard farmers, who own 65 percent of all poultry. In the longer term, the MARD would like to encourage larger production operations where there is less contact between poultry and humans.

121. (U) Minister Phat echoed other officials in emphasizing the need for increased monitoring capacity. He said the most pressing need is for human resources, and the presence of qualified technicians in the provinces as well as in Hanoi. The Minister has made a request to the WHO, FAO, and the U.S. Government to provide experts who will be able to advise and assist the GVN with the vaccination program, and monitoring of the disease.

122. (U) A/S Simonson said that he is working with the MOH on an emergency plan to have resources ready in the event the disease acquired increased transmissibility. He hopes the plan will be ready in time for the visit by Secretary Leavitt. He also noted the importance of looking at the AI problem as both an animal and human health problem. In answer to a question from the Ambassador, Minister Phat said that MARD has not seen the disease spreading to other species, although they have sent swine samples to Hong Kong for testing.

#### Concluding Thoughts

123. (SBU) At an out-briefing with the Ambassador, A/S Simonson stated that he felt very positive about his visit. Besides working on the cooperative agreement, the delegation had discussed ideas for building surveillance and response capacity in Vietnam, and agreed that one possibility would be to work with retired U.S. scientists and public health officials. The Ambassador recommended that the USG focus on bringing experts to Vietnam for extended TDY stints, preferably three months or longer. He noted that the primary need is for public health experts who could assist in overseeing and coordinating survey work and sample processing, rather than for research scientists. Additionally, the language barrier can be significant; interpreters should be hired to facilitate the efforts of U.S. experts.

124. (U) A/S Simonson and his party cleared this message.

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1check spelling  
2Best to delete this statement as it  
3Dr. Hien actually said that they would be working on both

the WHO and the PMK cell line.  
4Is this important enough to add